

EXHIBIT 3

GENERAL OFFENSE CASE REPORT CHICAGO POLICE		1 OFFENSE/INCIDENT—PRIMARY CLASSIFICATION HOMICIDE		1-UCR OFF. CODE 0110		2. SECONDARY CLASSIFICATION First Degree Murder		3. R.D. NO. F -282753	
4. ADDRESS OF OCCURRENCE NO. 4721 DIR. W STREET Ohio		5. FIRE RELATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF OCCURRENCE - TIME DAY 13 MO MAY YR 00 0100/0114		7. BEAT OF OCCUR 1111		8. BEAT/UNIT ASSIGN. <input checked="" type="checkbox"/> COS <input type="checkbox"/> 2 ON VIEW <input type="checkbox"/> 3 SUPERVISOR	
9. TYPE OF LOCATION OR PREMISE WHERE OFFENSE OCCURRED (GIVE NAME OF LOCATION IF APPL CABLE) Sidewalk		10. LOCATION CODE 303		11. DATE R.O. ARRIVED 13 MAY 00		12. ASSIGNED BY			
All information, descriptions and statements in this entire report are approximations or summarizations unless indicated otherwise.									
13. NAME (LAST-FIRST-M.) 1 ERYKMAJDAK, Marek		14. HOME ADDRESS (NO., DIR. STREET, APT NO.) 6952 W. Diversey		15. SEX-RACE-AGE CODE M 229		16. HOME PHONE Unk		17. BUSINESS PHONE Unk	
18. TIME AVAIL. 0-N-A		19. OCCUPATION Unk		20. INJURED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. VICTIM REL CODE X 24			
PARENT/GUARDIAN, IF JUVENILE									
22. REPORTED OFFENSE 4) EDWARDS, Betty		23. HOME ADDRESS 4717 W. Ohio		24. SEX-RACE-AGE CODE F 1 62		25. HOME PHONE 626 3580		26. TIME AVAIL. None	
26. PARENT/GUARDIAN, IF JUVENILE 2) POPE, Lisa		27. HOME ADDRESS 4657 W. Erie		28. SEX-RACE-AGE CODE M 1 21		29. HOME PHONE None		30. TIME AVAIL. None	
31. OFFENDER'S NAME (OR DESCRIBE CLOTHING, FTC)		32. HOME ADDRESS Unk		33. SEX-RACE-AGE CODE M 1		34. HEIGHT 505		35. WEIGHT 508	
36. CLOTHING, FTC Black T-Shirt / Dk. Pants		37. HOME ADDRESS Unk		38. HEIGHT 506		39. WEIGHT 508		40. TIME AVAIL. Unk	
41. OBJECT/WEAPON <input checked="" type="checkbox"/> USED <input type="checkbox"/> DISPLAYED <input type="checkbox"/> UNK		42. HOME ADDRESS Unk		43. SEX-RACE-AGE CODE M 1		44. HEIGHT 506		45. WEIGHT 508	
46. FIREARM FEATURES <input type="checkbox"/> 08 EXPLOSIVE <input type="checkbox"/> 09 LIQUID/GAS <input type="checkbox"/> 10 BOTTLE/GLASS <input type="checkbox"/> 11 RAZOR <input type="checkbox"/> 12 PRY TOOL <input type="checkbox"/> 13 HAND FEET <input type="checkbox"/> 14 OTHER <input type="checkbox"/> 15 DNA		47. POINT/ENTRY <input type="checkbox"/> 01 CHROME/NICKEL <input type="checkbox"/> 02 BLUE STEEL <input type="checkbox"/> 03 SHORT BARREL <input type="checkbox"/> 04 LONG BARREL <input type="checkbox"/> 05 SAWED OFF <input type="checkbox"/> 06 OTHER <input type="checkbox"/> 07 UNKNOWN <input type="checkbox"/> 08 DNA		48. POINT/EXIT <input type="checkbox"/> 01 FRONT DOOR <input type="checkbox"/> 02 REAR DOOR <input type="checkbox"/> 03 WINDOW <input type="checkbox"/> 04 ROOF <input type="checkbox"/> 05 FLOOR <input type="checkbox"/> 06 SIDE DOOR <input type="checkbox"/> 07 OTHER <input type="checkbox"/> 08 UNKNOWN <input type="checkbox"/> 09 DNA		49. BURGLAR ALARM <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO ALARM CIRCUMVENTED <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		50. MURKIN <input type="checkbox"/> 06 PEEL <input type="checkbox"/> 07 TORCH <input type="checkbox"/> 08 UNKNOWN <input type="checkbox"/> 09 DNA	
51. DESCRIBE PROPERTY IN NARRATIVE T = TAKEN; R = RECOVERED									
52. UNUSUAL CHARACTERISTICS OF OFFENSE PERMANENT RETENTION FILE See Narrative									
53. IF RESIDENCE, WHERE WERE OCCUPANTS									
54. GUN RELATED AFFILIATION <input type="checkbox"/> VICTIM <input type="checkbox"/> OFFENDER (Unk.)									
55. SOBRIETY OF VICTIM <input type="checkbox"/> 1 SOBER <input checked="" type="checkbox"/> 2 HBD									
56. MURKIN <input type="checkbox"/> 1 SOBER <input checked="" type="checkbox"/> 2 HBD									
57. STATE LICENSE NO. Applied for STATE EXPIR. 5/04/01 58. PROPERTY INVENTORY NO(S) 74 VEH INVENTORY NO FOUND									
59. VEHICLE YEAR 97 MAKE Dodge BODY STYLE Minivan COLOR Green STATE IL STATE EXPIR. 5/04/01 60. OTHER 1600E									
61. NO ADDITIONAL INFORMATION									
62. REPORTING OFFICER'S NAME/PRINT S BURKE SIGNATURE 8940 STAR NO. 19284									
63. REPORTING OFFICER'S NAME/PRINT M. JACKSON SIGNATURE MM STAR NO. 13224									
64. OFFICER NOTIFYING FOLLOW UP INVESTIG. UNIT CONT'D. OTHER SIDE OEC. OIC. LEWIS 14196 (CWL7) OFFICER'S SIGNATURE Ops. Comm. DATE INVEST. COMPLETED TIME 13 MAY 00 0500									
65. OFFICER NOTIFYING 1ST D.S. SET. ME OEC. OIC. LEWIS 14196 (CWL7) OFFICER'S SIGNATURE GORMAN 15072 DATE INVEST. COMPLETED TIME 13 MAY 00 0135									
66. APPROVAL SIGNATURE MCCARTHY APPROVAL SIGNATURE 891 DATE APPROV'D TIME 13 MAY 00 0700									
67. SUPERVISOR APPROVING PRINT NAME STAR NO.									
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CONTINUATION
OF NARRATIVE

R.D. NO

F-282753

they heard 2 shots but saw nothing. Witness #4 not on scene. Two .45 cal. shell casings were recovered near Vict's body. Above listed vehicle, possibly belonging to Vict., was found parked at approx. 4726 W. Ohio with a broken right front window, flashers activated, and keys on front floor.

Also on scene: BT. 1123, 1110, 1130, 1114, 1121

Additional Notifications: OII Desk FABIAN 17699 @ 0138

Crime Lab GAHAGEAN 1434 @ 0140 - Unit 9602 responded TOVAR 12847/MORAN 7718

M.E. Office SANDERS 162 @ 0141

IUCR OFFENSE CODE - REV. CODE		IUCR MET/HOD CODE 400	METHOD ASSIGNED FIELD <input type="checkbox"/> 2 ADMIN. <input type="checkbox"/> 3 SUMMARY	UNIT NO. 640	OFFICER ASSIGNED STAR NO. 21127	DATE ASSIGNED MAY 13 2000	SUPERV. STAR NO. 1331	INVESTIGATIVE FILE	PERASSIGNED <input type="checkbox"/> 1 YES <input checked="" type="checkbox"/> 2 NO	DATE (DAY-MO-YR.)
OFFICER REASSIGNED - DATE STAR NO.		STATUS 3 CLEARED CLOSED 4 CLEARED OPEN 5 EXC. CLRD. CLOSED 6 EXC. CLEARED OPEN 7 CLOSED-NON-CRIMINAL	IF CASE IS CLEARED, HOW CLEARED USE THIS BOX FOR SINGLE CLEAR UP OR FIRST CLEAR UP OF MULTIPLE CLEAR UP LIST 1 ARREST & PROSECUTION <input type="checkbox"/> 2 DERECTED TO FAMILY CJRT <input type="checkbox"/> 3 COMPL. RE-USED <input type="checkbox"/> 4 COMM. TO PROSECUTOR <input type="checkbox"/> 5 OTHER EXCEPTIONAL <input type="checkbox"/> 6 ADULT <input type="checkbox"/> 7 JUV.							
VICTIM IDENTIFIERS 1 CORRECT 2 REVISED		VICTIM NO.	REVISED NAME	REVISED ADDRESS REVISED PHONE NO HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/>						
VALUE OF PROPERTY TAKEN/RECOVERED 1 MONEY 2 JEWELRY 3 FURS 4 CLOTHING 5 OFFICE EQUIPMT 6 TV, RADIO, STEREO 7 HOUSEHOLD GOODS 8 CONSUM. GOODS 9 FIREARMS 10 NARC/DANG. DRUGS 11 OTHER		FILL IN THE FULL AMOUNT OF ONLY THOSE VALUES WHICH EITHER DIFFER FROM OR WERE NOT REPORTED ON THE REVERSE, THE NARRATIVE OF A SUPPLEMENTARY REPORT								
1 T \$ <input type="checkbox"/> 2 T \$ <input type="checkbox"/> 3 T \$ <input type="checkbox"/> 1 R <input type="checkbox"/> 2 R <input type="checkbox"/> 3 R <input type="checkbox"/>		1 T \$ <input type="checkbox"/> 2 T \$ <input type="checkbox"/> 3 T \$ <input type="checkbox"/> 1 R <input type="checkbox"/> 2 R <input type="checkbox"/> 3 R <input type="checkbox"/>								
SERIAL NOS. OR IDENTIFICATION NOS. 1 DNA <input type="checkbox"/> 2 VERIFIED <input type="checkbox"/> 3 CORRECTED		LIST ALL CORRECTIONS & NEW OR ADDITIONAL NOS. OBTAINED								

PERMANENT RETENTION FILE

REMARKS (PERTINENT INFORMATION NOT ON ORIGINAL REPORT)

PREPARED BY - SIGNATURE	STAR NO.	DATE (DAY-MO-YR.)	APPROVED BY - SIGNATURE	STAR NO.	DATE (DAY-MO-YR.)